



King County Joint Mental Health Advisory Board and Alcoholism and Substance Abuse  
Advisory Board Advisory Board  
February 4, 2016, 11:30 a.m.-1:00 p.m., Chinook Room 123

<b>Attendees in person</b>	Pat Godfrey, Kristin Houser, Mary Ann LaFazia, Mary Taylor, Lauren Davis, Joan Clement, Katelyn Morgaine, Tony Krupski, Peggy Papsdorf, Elisa Del Rosario, Fiona Tsui, Jim Vollendroff, Andrea LaFazia-Geraghty, Brad Finegood	
<b>Attendees by phone:</b>	None.	
<b>Guests and Minute-taker</b>	Janine Boyer (Ombuds Office), Cavan O'Grady (Peer Counselor), David Dickinson (SAMHSA), Steve Gustaveson (DCHS), Chan Saelee (BHRD) Mary Paterson (BHRD minute-taker)	
<b>Issues</b>	<b>Discussion</b>	<b>Recommendations/Outcomes</b>
Welcome & Introductions	<p>Kristin Houser and Pat Godfrey opened the meeting at 11:30 a.m. Jim Vollendroff acknowledged the new name of the Division: Behavioral Health and Recovery Division as an indication of where we are headed as a division that recognizes substance abuse and mental health as behavioral health and recognizes recovery.</p> <p>Jim also reported on the make up of the new board: Jim met with all 40 applicants and has identified 15 to recommend to the Executive. Requirements for the Board's composition are:</p> <ul style="list-style-type: none"> <li>• Geographic diversity (7 out of 9 of King County's districts will be represented)</li> <li>• Diversity of ethnicity, gender, age, sexual orientation</li> <li>• 51% of Board have to be people, parents, or guardians of people receiving services and/or in recovery</li> </ul> <p>All current Board members except two are being recommended: Roger Goodman will act as an unofficial liaison to the WA state legislature, and Elizabeth Andrews' application was received past the deadline. Everyone who is not an official Board member or liaison is welcome to the new Advisory Board meetings and may be asked to serve if official members leave.</p> <p>Members will be confirmed by King County Council Committee of Health, Housing, and Human Services on March 15<sup>th</sup>, 1:30 p.m. (tentative date and time); our March 8 meeting may be rescheduled to March 15 to coincide with this event.</p> <p>The first official meeting of the new Board is scheduled for April 7, 11:30-1pm, with an orientation session 10 -11:30 a.m.</p>	
A Provider's Perspective (Ken Stark)	Ken Stark was unable to attend the meeting, so this presentation will happen at a later date.	
Legislative Update	<ul style="list-style-type: none"> <li>• At Advocacy Day, 75 people from the WA Recovery Alliance met with legislators, focusing on 1713 Ricky's Law, which is now</li> </ul>	

	<p>progressing through the legislature. WA Recovery Alliance envisions becoming the advocate for Substance Abuse legislation that NAMI is for mental health legislation. Together with a group of mostly Native American people from the NW Immigrant Rights Project (?), WA Recovery Alliance got a lot of promised votes for Ricky's Law. Dan Nelson from SPD and two clients testified. Lauren Davis's work on this was celebrated. NAMI and SEIU Local 1199 (Department of Corrections workers) also went to Olympia on Judicial Advisory Day and met with the 32<sup>nd</sup> District reps in person in support of Ricky's law.</p> <ul style="list-style-type: none"> <li>• The Assisted Outpatient Law is moving forward with changes; treatment plans will be developed at the local level.</li> <li>• Western State Hospital: Jim Vollendroff will meet with House Speaker Frank Chopp and others this evening to advocate for local treatment and the conversion of all civil 138+ beds at Western State Hospital into community treatment, as close to the client's home as possible, with the least restrictions possible. A longer term concept is for a "brain institute" in King County – not a psych hospital but a learning institution that deals with traumatic brain injury, developmental disabilities, dementia, and substance use disorders.</li> <li>• As a result of legislative forum, legislation is being reviewed that would make the sponsor and sponsee relationship privileged (in respect to civil cases only) and their conversations confidential.</li> <li>• Raising the age for tobacco purchase to 21 is also being considered in Olympia, by the Senate Commerce Committee and others. West of the Cascades, there is 70% support of a 21 minimum age and East of the Cascades a 67% support, according to a survey by Tobacco-Free Kids. Military leadership is advocating for no smoking because it "doesn't make good soldiers," and the Dept of Defense says tobacco is the leading cause of death in the military. Speakers testifying for the legislation did a great job, including youth speaking about "vapes" at school that can be loaded with hash oil. Eighteen year olds can buy tobacco for younger students as long as 18 is the legal age. The question of "spice" was raised (cheap synthetic form of THC that can be sprayed on smokable leafs and is not detected in Urinalysis. In Hawaii, a minimum age 21 has been passed and all army and military bases have banned smoking.</li> <li>• Children's mental health legislation: About five years ago, the State revised its process of delivering children's mental health services and five health plans were awarded contracts. The Mental Health Advisory Board has been very interested in the results and got utilization data for 2013: the data shows low rates of service delivery, with only 2-3% of children covered by the five plans receiving mental health services. 2014 data did not show an improvement. The plans could contract with the RSNs for services but they have not; even information-sharing between the plans and the RSNs has been difficult. The WA RSNs treated 48,000 children in 2014 with severe mental illness; the five plans treated 15,000 with mild to moderate mental illness. There is a concern that the Health Care Authority (HCA), who is supposed to hold the plans responsible, is not doing this.</li> </ul>	<p>Pat Godfrey asks Board members to reach out to their contacts in Spokane, including legislators and media, in support of this legislative effort in the House and in the Senate. He also asks people to contact military base commanders you may know on this issue.</p> <p>Brad will get current information on legality and enforcement of laws regarding spice.</p>
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	<p>A legislative workgroup was formed to draw attention to this issue and to the question of how much the State benefits from contracting with non-government health plans. A bill has been introduced that encourages the use of RSN-contracted providers. The WA Pediatric Association was among those who testified for the bill, as was Co-chair Kristin Houser, who also composed letters on behalf of the Mental Health Advisory Board. Members thanked Kristin for her ongoing efforts in this area.</p> <ul style="list-style-type: none"> <li>• Senator Oban has introduced a bill creating a Task Force to study possible streamlining of BHO functions to address things like Pioneer being audited by each BHO it contracts with statewide, rather than audited just once.</li> </ul>	
Discussion of Behavioral Health Service Utilization and Impact on Rates (Susan McLaughlin)	<p>The last MHAB and ASAAB meetings will not be official meetings except for the beginning of the meetings, when the minutes will need to be approved. After the approval of minutes, the meeting will be suspended.</p> <p>BHO readiness is seven weeks away. Susan presented a handout and discussed the significant problem resulting from the lower number of hours of MH services people have actually been receiving compared to the high number of hours the State predicted would result from Medicaid Expansion. Medicaid Expansion was expected to bring in increased numbers of people receiving MH services, but this did not happen and the rates have been adjusted downward as a result. Service utilization has gone down for complex reasons including understaffed workforce and capacity and insufficient infrastructure technology. Members voiced that rates need to be higher (not lower) to help pay MH workers adequately and thereby increase the workforce.</p> <p>MH and SA rates: it's important not to compare the two across the board, given that historically SA services have been funded at about one-third the level of MH services. Administrative costs are capped by the State at 6.5%; King County's administrative costs are under 4%.</p>	<p>Members preferred the March 8 meeting be moved to March 15 at 4:30 rather than March 1. Mary will work with Bryan in communicating this change and preparing minutes.</p> <p>The discussion of rates could be continued at the March 15 meeting informally only, as it will not be a formal, decision-making meeting.</p>
Coordinator's Report (Brad Finegood)	<p>Rates are set for 15 months (April 1, 2016-December 31, 2017). Institutes for Mental Disease are pushing hard for a waiver, and CMS has indicated it will approve the waiver. CMS has also proposed rule changes to allow 15 days/month in 16+-bed facilities for 30 days total.</p> <p>There is lots of activity around opiate treatment and overdose treatment.</p>	Brad will send this information out.
New Business	Andrea's prevention-area MIDD proposals will be discussed at the March 15 meeting.	Prevention MIDD item for March 15
Adjournment	The joint MHAB and ASAAB meeting was adjourned at 1pm.	